LOGICAL HOME HEALTH

Clinician-friendly medical charting with automated logistics solutions for home-based healthcare (hospice, etc.) that combines predictive, proactive, patient-driven care principles with machine learning and location-aware modern logistics.

Presenter: Ryan L. Thompson, Founder/CEO

the PROBLEM

The market is awash in bulky and unintelligent “one size fits all” electronic health records (EHR) “across a wide range of medical specialties, physician preferences, practices, and patient populations.” [1]

The competition is stuck in a static—single-site based and non-adaptive—EHR model that doesn’t account for inputs of space and time, a model that is not cognizant of the industry trend of dispersion of medicine away from the hospital and doctor’s office.

Current EHRs lack intuitive functions that would improve patient care and employee satisfaction within home-based healthcare firms.

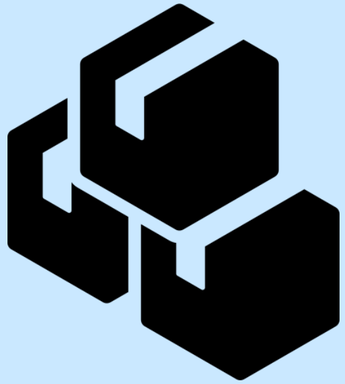
the SOLUTION

An intuitive, functional, logistics-aware, and aesthetically beautiful home-health EHR.

Simplifies and improves the experience of planning, providing, and documenting home-based care via introducing state-of-the-art logistics, including integrating mapping and scheduling, into our EHR.

Documentation will be simpler and more intuitive with Logical.

the PRODUCT/ SERVICE



01 Key differentiators

- The availability of visual, AI-assisted route planning and scheduling
- Simpler and more intuitive documentation
- Delivery (for medications, DME, etc.) and post-acute referral tools
- Accessible and secure document upload and storage
- The highest security standards

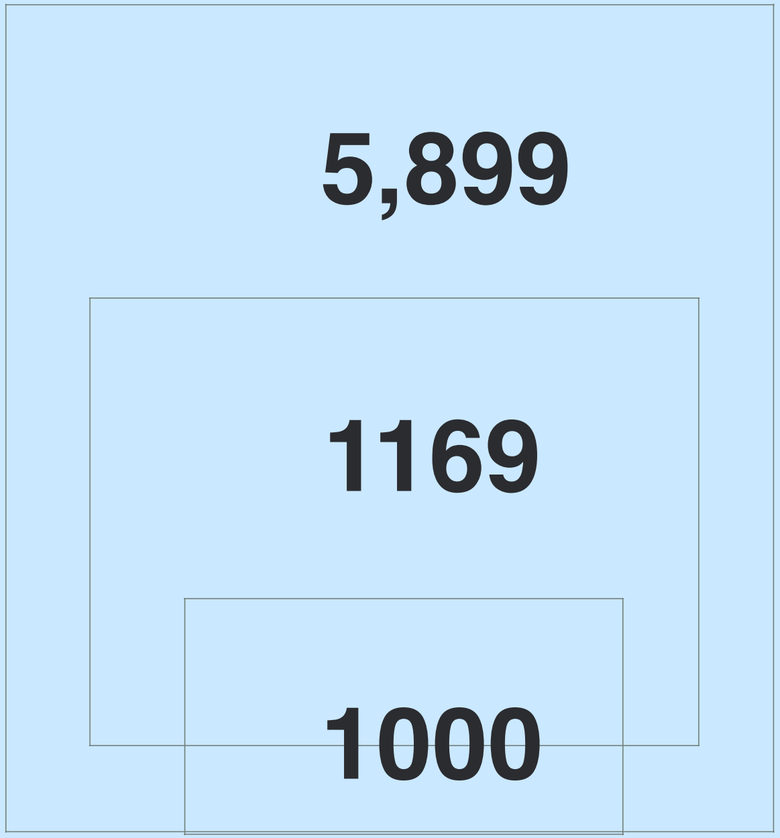
02 Functionality-driven design

Design will always be led by frontline clinical workers, those end users working day-to-day in patient-facing roles, who are valued as partners. Design will flow from the premise that “There are opportunities[,] even in documentation to…enchant and amaze.” [2]

03 Logistics AND clinician autonomy

We will use mathematical models and statistical analysis to discover patterns that will be useful for clinician, patient, and firm. Crucially, in our design those automated logistics abilities will not disregard and override clinician autonomy but respect the time, autonomy, mastery, and purpose of clinicians.

the MARKET*(1)



In CY 2022, there were 5,899 Medicare certified hospices in operation.

We will begin with nonprofit hospices as beta customers, of which there are 1169 as of 2022.

Obtain 1000 enterprise customers by 2030.

*these numbers are for hospice, before expansion into other types of home-based care

the MARKET (2)

There is an opportunity to incorporate visual mapping and other logistical tools into EHR software, modernizing a system that was designed for use in office-based inpatient settings, reinventing the EHR for a mobile age in which many consumers will seek care at home over facilities. Potential customers include: hospice (our flagship product), direct primary care and concierge services that make house calls, home health, hospital at home, and physical therapists.

the COMPETITION

Opportunity

“’We are right in the middle of this phenomenal transformational swirl,’ says John Glaser, a former Cerner executive who currently lectures at Harvard Medical School. It’s not that electronic health records will go away, he says, but more nimble and agile startups will enter the market.” [3]

Competition

Distinct from products marketed as “home health mapping” that involve a high degree of manual input and are disconnected from an EHR (such as Badger Maps or Straightaway) and general route planning software (such as Circuit Route Planner). Distinct from Epic, Cerner, Meditech, Veradigm, TruBridge, Alora Home Health Software, MatrixCare, and others by being built from ground up for the needs of its customers. FireNote will be a close competitor.

Mitigation

Instead of competing with status quo EHR software programs on their terms we will filter multiple pain points that care providers now feel—which patients to see and when, duplicative prompts and non-value-added tasks (i.e., poor UX), unattractive UIs—into creating an EHR application that is pragmatic, beautiful, simple, and secure.

GO TO MARKET PLAN

01

Design and build

Logical will be built patiently and methodically, working from the clinical care and compliance needs of home-health providers backward into the code, and then scale up quickly.

02

First customers

The focus of our marketing, where we will earn our early adopters, will be the roughly 25% of hospices that remain non-profit. We will begin seeking as beta customers and then marketing and selling to small hospice agencies in states that don’t have certificate of need programs.

03

Expansion

The bottom-line goal for Logical is to have clinicians say “This is amazing. I didn’t think an EHR could be this good.” Satisfying customers and satisfying employees is our primary means of growing value. Current turnover rates create opportunities to spread via word of mouth.

Financials

01 Venture funding

We will build our product during the pre-seed, seed, and A rounds of financing. Throughout each phase we will maintain open lines of communication with our user base of frontline clinicians.

02 Stealth mode

We will be in stealth mode for 1-2 years, during development of our debut product, Logical’s EHR for hospice services.

03 Scaling

We expect it will take us three years to become a scale-up with revenue, including expanding our product line to include office-based products that have features, minus mapping, of our first product

EXIT OPPORTUNITIES

We expect that the intellectual property that undergirds several of our features will be highly valuable and make Logical a desirable acquisition target.

We expect it will take five to seven years to exit, through being acquired or some other liquidity event.

the **TEAM**

Co-Founder (non-technical)

Ryan Thompson*

Co-Founder (technical)

TBD

*I’m not a consultant nor do I have an MBA. The ideas for Logical come from domain expertise, a desire to be constantly learning, and from having to deal with the problems of incumbent EHRs, which are destructive to otherwise meaningful work. Its execution will be powered by those experiences. -R.T.

Questions?

Email us	**invest@logicalhomehealth.com**
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REFERENCES

1. Schulte, F., & Fry, E. (n.d.). Death By 1,000 Clicks: Where Electronic Health Records Went Wrong. Retrieved January 5, 2025, from https://kffhealthnews.org/news/death-by-a-thousand-clicks/

2. Lecture 7 - How to Build Products Users Love (Kevin Hale). (2014, October 14). [Video recording]. https://www.youtube.com/watch?v=sz_LgBAGYyo

3. Jennings, K. (2021, April 8). The Billionaire Who Controls Your Medical Records. Forbes. https://www.forbes.com/sites/katiejennings/2021/04/08/billionaire-judy-faulkner-epic-systems/